

## TESTIMONY BEFORE THE APPROPRIATIONS COMMITTEE

PUBLIC HEARING ON FEBRUARY 24, 2022

### RE: HB 5037, AAC THE BIENNIAL BUDGET – DMHAS / MENTAL HEALTH BUDGET

Good evening, Senator Osten, Representative Walker, Senator Miner, Representative France and distinguished members of the Appropriations Committee:

My name is Margaret Watt. I am a resident of Norwalk working for the past 10 years in regional behavioral health leadership positions, as well as a Board member of the CT chapter of the National Alliance on Mental Illness (NAMI).

I appreciate the Governor's and the legislature's attention to mental health in this period of crisis. The increased funding in HB 5037, much of it to strengthen mobile crisis, inpatient, and crisis care, is urgently needed. I am particularly grateful to see the inclusion of peer supporters in 12 emergency rooms, as has already successfully been done with Recovery Coaches for individuals presenting with substance use disorder.

However, the mental health crisis that we find ourselves in today is not just a product of the pandemic, but points to the long-standing system needs that have not been addressed. The current attempts to increase inpatient care and mobile crisis and to provide incentives to strengthen the workforce will help, but they are reactive rather than proactive. Below I will list other urgent needs. However, I also wish to draw your attention to the **need to devote time and energy to developing a vision and long-term strategic plan for the mental health of CT residents**. In future, if we again find our residents in crisis and our coffers in a position to fund programs and services, we should be able to turn to a long-term plan to identify the pieces that are needed, knowing that each investment will be a building block for greater success.

**Other urgent needs that must be addressed now**, before our crisis worsens further, include:

- Restore \$461 Million in lost funding to community nonprofits, as advocated by the CT Nonprofit Alliance, to enable them to hire and retain staff and provide needed social services, housing, and behavioral healthcare.
- Fully fund the recommended roll-out of the CT 988 Planning Coalition, to improve and strengthen the state's mental health crisis response system.
- Allocate specific new funding for CT to finally develop peer-run respites as effective alternatives to hospitalization for those experiencing a mental health crisis. The proposed budget does include some funding for crisis stabilization, but none for alternatives such as peer-run programs. Peer respites are in place in 18 states already, with 6 in New York State alone. The behavioral health community has been advocating for peer respites for many years, and the state has a trained workforce of peers who can staff them—but funding has never been allocated. **With the urgency of the mental health crisis, the direct relevance of this service to crisis response, and the availability of funding, now is the time to invest in standing up peer respites**, perhaps one in each of the 5 DMHAS regions. Once in place, maintenance will not be very costly; in other states, the average annual operating cost for a respite appears to be about \$350,000. Considering that these programs serve individuals who otherwise would be in psych

beds, there will be an overall cost savings along with improved quality of care. (Learn more in the summary prepared by a statewide Peer Respite Workgroup [here](#).)

- Fund the recommendations of the [Reaching Home Campaign](#), which will provide safe housing and social supports to prevent many individuals who struggle with behavioral health disorders or other issues from ending up homeless or in prison, for lack of appropriate community services. The RHC recommendations include:
  - Increase the DMHAS Housing Supports and Service line by \$2.25 million in FY23 to expand supportive services to 300 scattered site and development units for highly vulnerable individuals and families with persistent obstacles to maintaining housing stability.
  - \$13.34 million in FY 23 to provide homeless and housing service organizations funding for adequate wages, benefits, and professional development for front line workers, increasing rent and utility costs, and better access to technology.
  - \$2.3 million in DOH's Housing/Homeless Services line to provide critical staff infrastructure support to Coordinated Access Networks (CANs) and 2-1-1.
- Provide funding for mental health awareness programs in schools, including \$250K for NAMI's [Ending the Silence](#) program.
- Allocate funding for a comprehensive planning effort to address the lack of a vision and long-term strategy for overall mental health and wellness in the state of CT. There are many issues to be addressed: the siloed behavioral health system, with multiple state agencies providing services to different subpopulations; the focus on more expensive levels of care such as inpatient beds and crisis response, with virtually no funding for mental health promotion and primary prevention; the gross discrepancies in the services available to individuals and families in need based on their type of insurance and ability to pay high deductibles and out-of-pocket costs. It's time for a visionary, multi-sector planning effort involving leadership from individuals and families most affected by behavioral health challenges along with a multitude of stakeholders from the public and private sectors, municipalities, and insurance.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, reading "Margaret R. Watt".